

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Delilah Bailey</i>		Town <i>Athol</i>		County <i>Worcester</i>		STATE <i>MARYLAND</i>	
Died at		Month <i>8</i>		Day <i>7</i>		Years <i>3</i>	
Date of death <i>1906</i>				Age		Months <i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation		Where Residing if not at place of death <i>Md</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Albert Bailey</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Delilah Leavelle</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Grandmother</i>		How related to deceased <i>Grandmother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>4 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. English</i>
<i>Coroner</i>	Address <i>Mardela Springs</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

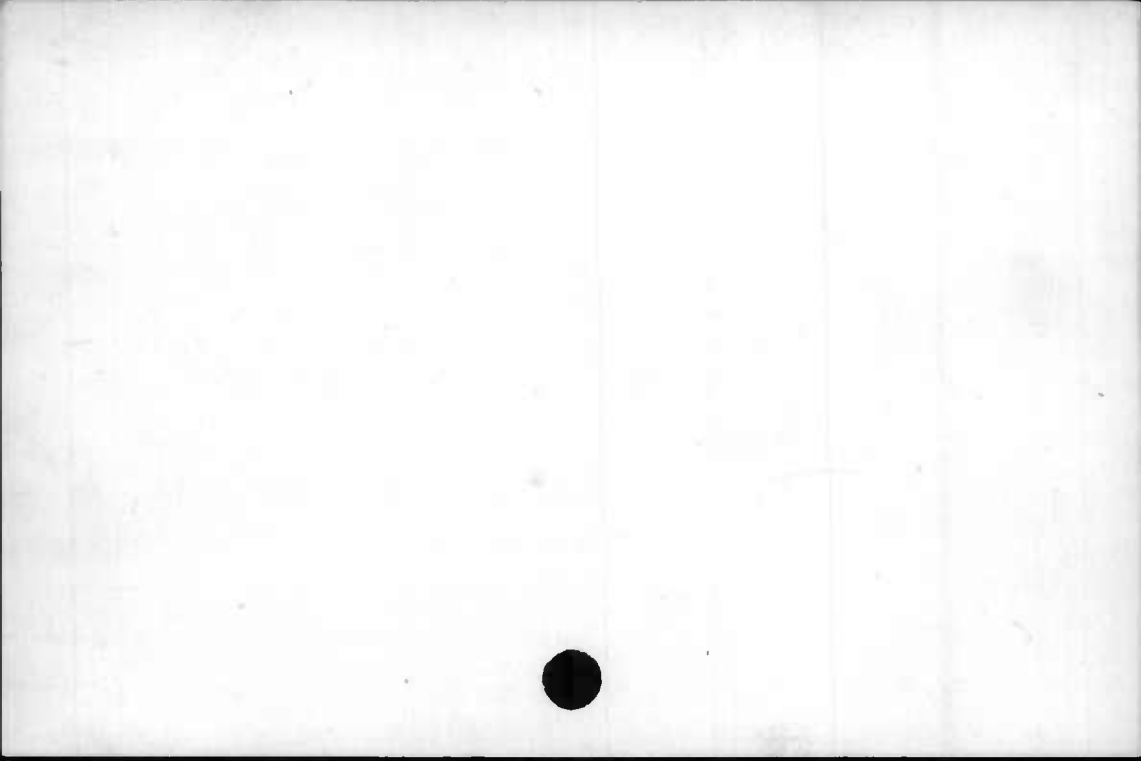
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1906 Aug.</i>	<i>Aug.</i> <small>Month</small>	<i>1st</i> <small>Day</small>	Age <i>28</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Salisbury Md.</i>			
Occupation <i>Cook</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Susan Evans</i>	Mother's Birthplace <i>Wicomico Co. Md.</i>				
Name of person giving information <i>Purnell Evans</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septic infection</i>	How long <i>2 minutes</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Smith</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1906 Aug</i> ^{Month}	<i>26</i> ^{Day}	Age <i>38</i> ^{Years}	<i>9</i> ^{Months}	<i>17</i> ^{Days}	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single <i>Widowed</i>	Name of Wife or <i>Elijah P Carey</i> ^{Husband}				
Father's Name <i>James Landvin</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Rebel J McGrath</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Emma J Hallenay</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Purpura Cerebra</i>	How long <i>6 months</i>
Immediate <i>Apnoea</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. J. J.</i>
Accident or Suicide? <i>No</i>	Address <i>Salisbury Md</i>



Name
in
Full

H. H. Coulburn

CERTIFICATE OF DEATH

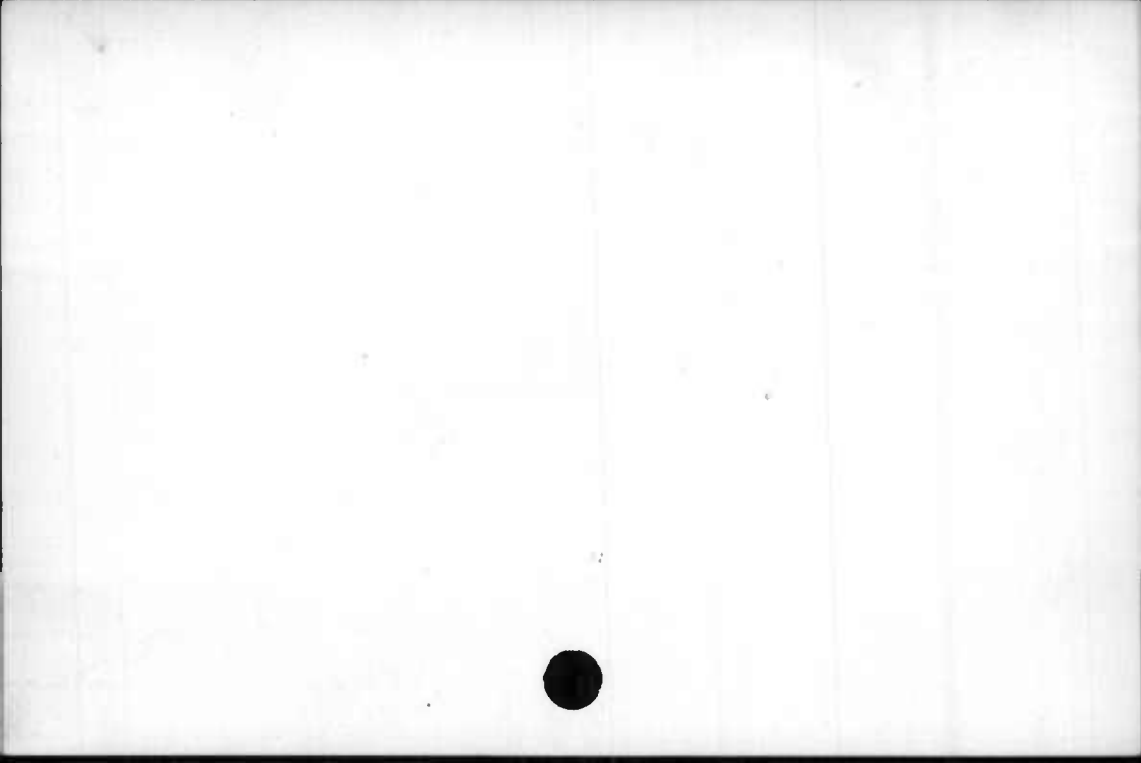
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Salisbury		Wicomico					
Date of death	1906	Month	Aug	Day	23	Years	66
Sex	Male	Color or Race	White	Birthplace	Maryland		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Margaret Coulburn							
Father's Name				Father's Birthplace			
				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	James D. Coulburn			How related to deceased			
				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	necrosis of bone (osteitis)	How long	16 years
Immediate	osteitis	How long	16 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Smith
		Address	Salisbury, Md.
Accident or Suicide?	No		



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Salisbury		Wicomico		Maryland			
Date of death		Month	Day	Age	Years	Months	Days
1906 Aug. 18th							7
Sex		Color or Race		Birth-place			
Female		White		Salisbury Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
L. G. Culver		Wicomico Co. Md.					
Mother's Maiden Name		Mother's Birthplace					
Mayde Abbott		" "					
Name of person giving information		How related to deceased					
J. F. Culver		Uncle					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Not known, as there was	
Immediate	How long
no doctor to see it after the day of its birth	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Geo. R. Hill
	Address
	Undertaker
	Salisbury Md.
Accident or Suicide?	

Dr. F. M. Hernons attended Mrs. Carlson
the day of the babys birth, but did not see
the baby after that day. G. C. Hill

CERTIFICATE OF DEATH

MARYLAND

Died at Mt Vernon Town County

Date of death 1906 8 Month 25 Day 38 Years

Sex	Male	Color or Race	Colored	Birth-place	Maryland
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Occupation <i>Mariner</i>	Where Residing if not at place of death
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Married, Single or Widowed ☒ ☐ ☐ Name of Wife or ~~Husband~~ Laura Cook

Father's Name Robert Dashiell Father's Birthplace Massachusetts

Mother's Maiden Name	Thomas Gaskell	Mother's Birthplace	Nov
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Name of person giving information	Robert E. Hill	How related to deceased	Father
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CAUSES OF DEATH

Primary	How long
	

Immediate	Reinstate Rheumatism	2710
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Are the name, age, sex, color, date
and place correctly given above? *yes*

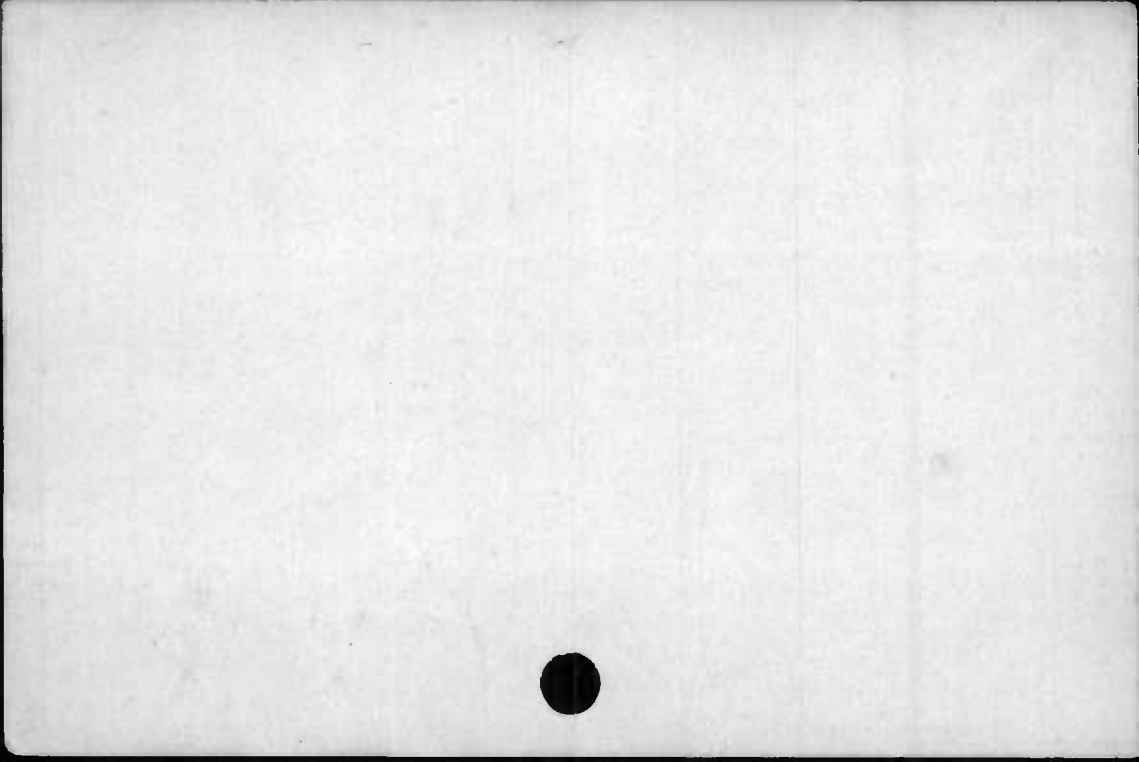
Signature of Physician *G. H. Zank*

Address White Plains
N.Y.

Accident or Suicide?

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER



Name
in
Full

Mildred Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Salisbury Town Wicomico County, MARYLAND

Date of death 1906 Aug 28 5 Age 8 Months 1 Days

Sex Female Color or Race Black Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Samuel Peters

Father's Birthplace

Ind

Mother's Maiden Name

Marianda Dixon

Mother's Birthplace

Ind

Name of person giving information

Samuel Peters

How related to deceased

Father.

CAUSES OF DEATH

Primary

Dysentery Fever

How long

2 1/2 weeks

Immediate

Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

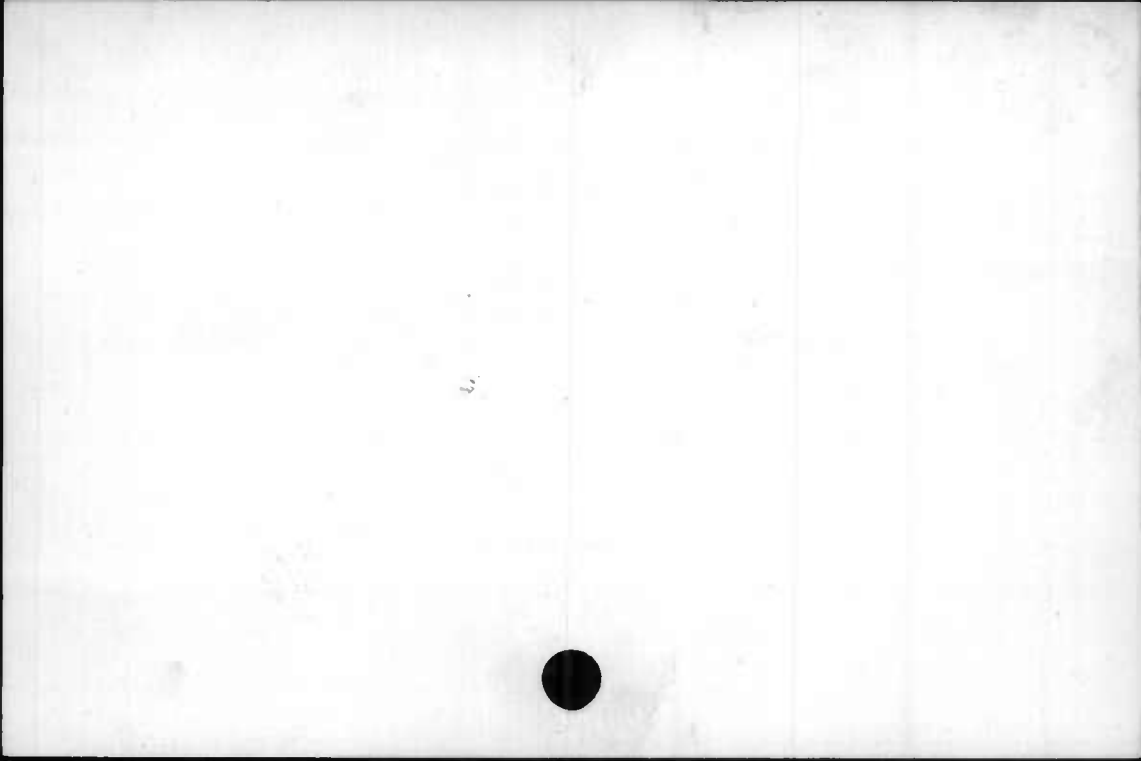
Signature of Physician

Address

Dr. Humphreys
Salisbury
Ind.

Accident or Suicide?

No



Name
in
Full

Maud H. Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Sharptown

Xenon County

Date of death 1906

Month

Aug

Day

22

Age

Years 26

Months

11

Days

13

Sex Female

Color or Race

White

Birth-place

Marble.

Occupation

House wife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

William J. Elliott

Father's Name

James R. Eaton

Father's Birthplace

Pa.

Mother's Maiden Name

Ida Vincent

Mother's Birthplace

Del.

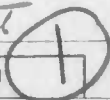
Name of person giving information

William J. Elliott

How related to deceased

Husband.

CAUSES OF DEATH



Primary

Typhoid & Fall

How long

6 weeks

Immediate

Cardiac Failure

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Yes & correct

Signature of Physician

Address

W. W. Luskaway
Sharptown, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharplown</i> ^{Town}		<i>Nicomine</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Year}	<i>Aug</i> ^{Month}	<i>25</i> ^{Day}	Age <i>23</i> ^{Years}	<i>8</i> ^{Months} <i>29</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Sharplown</i>
Occupation	<i>Dress Maker</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>William E. Ellis</i>			Father's Birthplace	<i>Lunenburg, Ill.</i>
Mother's Maiden Name	<i>Julia A. Gossard</i>			Mother's Birthplace	<i>Neard Springs, Ill.</i>
Name of person giving information	<i>Julia A. Ellis</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Hemorrhage of bowels</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. W. Gassard</i> Address <i>Sharplown, Md.</i>	
Accident or Suicide? <input type="checkbox"/>			



Name
in
Full

CERTIFICATE OF DEATH

Flora A. Evans

Town

Salisbury

County

Wicomico

MARYLAND

Died at

Date

of death 1906

Month

Aug.

Day

30

Age

Years

32

Months

0

Days

5

Sex
Occupation

Female

Color or
Race

White

Birth-
place

Wicomico Co. Md.

Where Residing if not
at place of death

Housewife

Married, Single
or Widowed

Married

Name of Wife or
Husband

Zedok K. Evans

Father's
Name

James H. Farlow

Father's
Birthplace

" " "

Mother's
Maiden Name

Sarah A. Farlow

Mother's
Birthplace

" " "

Name of person giving
In formation

Zedok K. Evans

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid Fever

How long

5 weeks

Immediate

Pulmonary gangrene

How long

4 or 5 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

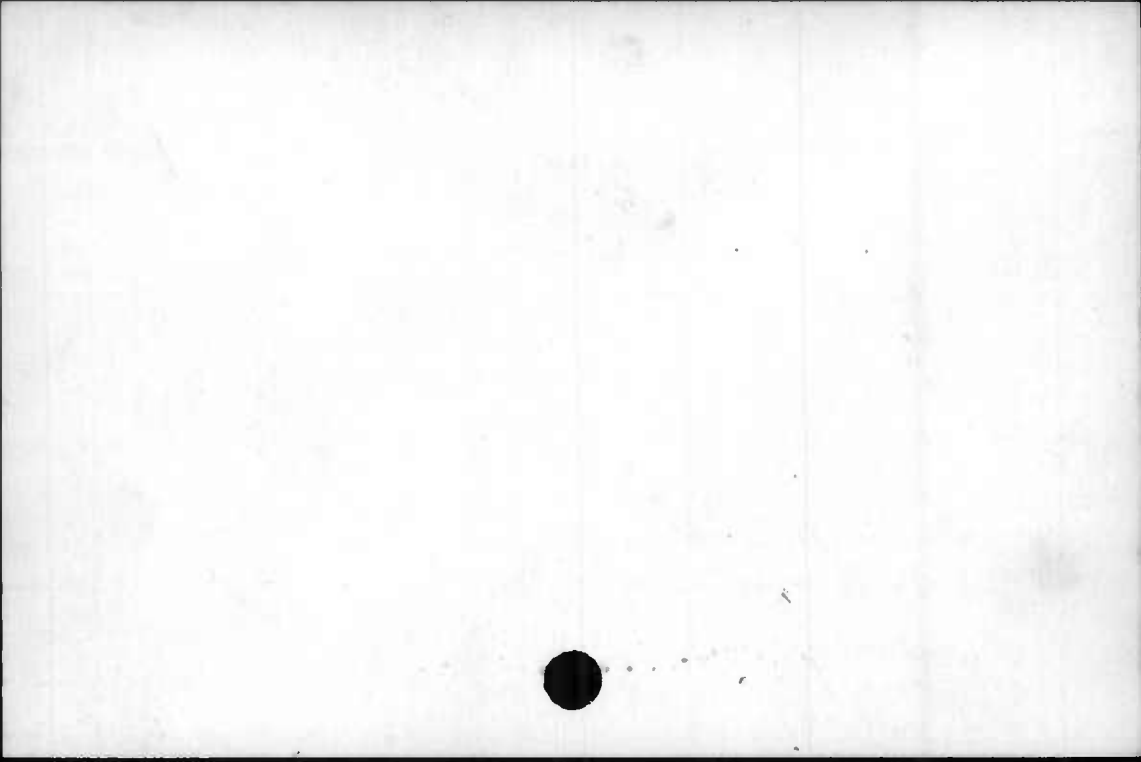
Lamie W. Morris M.D.

Address

Salisbury
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Annette Vickers Gordy

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>Aug.</u> <small>Month</small>	<u>4th</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>11</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>William S. Gordy Jr.</u>	Father's Birthplace <u>Salisbury Md.</u>				
Mother's Maiden Name <u>Clara White</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>William S. Gordy Jr.</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hydrocephalus</u>	How long <u>6 months</u>
Immediate <u>Inanition</u>	How long <u>2 or 3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. M. Slemmons</u>
	Address <u>Salisbury Md</u>
Accident or Suicide?	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Helton</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>8</i>	Day <i>3</i>	Years <i>64</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Ind</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ben Gorlee</i>				
Father's Name <i>Eben Airo</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>	Name of person giving information <i>Ben Gorlee</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Heart failure</i>	How long <i>3 Hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. English</i>
<i>Coroner</i>	Address <i>Marble Springs</i>
Accident or Suicide?	



Name
In
Full

Lottie Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>23</i>	Age <i>68</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co</i>				
Occupation <i>House Keeper</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Mr Hall</i>		<i>Dead</i>				
Father's Name <i>Thomas Phiffin</i>	Father's Birthplace						
Mother's Maiden Name <i>Sarah Phiffin</i>	Mother's Birthplace						
Name of person giving information <i>Geo W Bell</i>	How related to deceased						

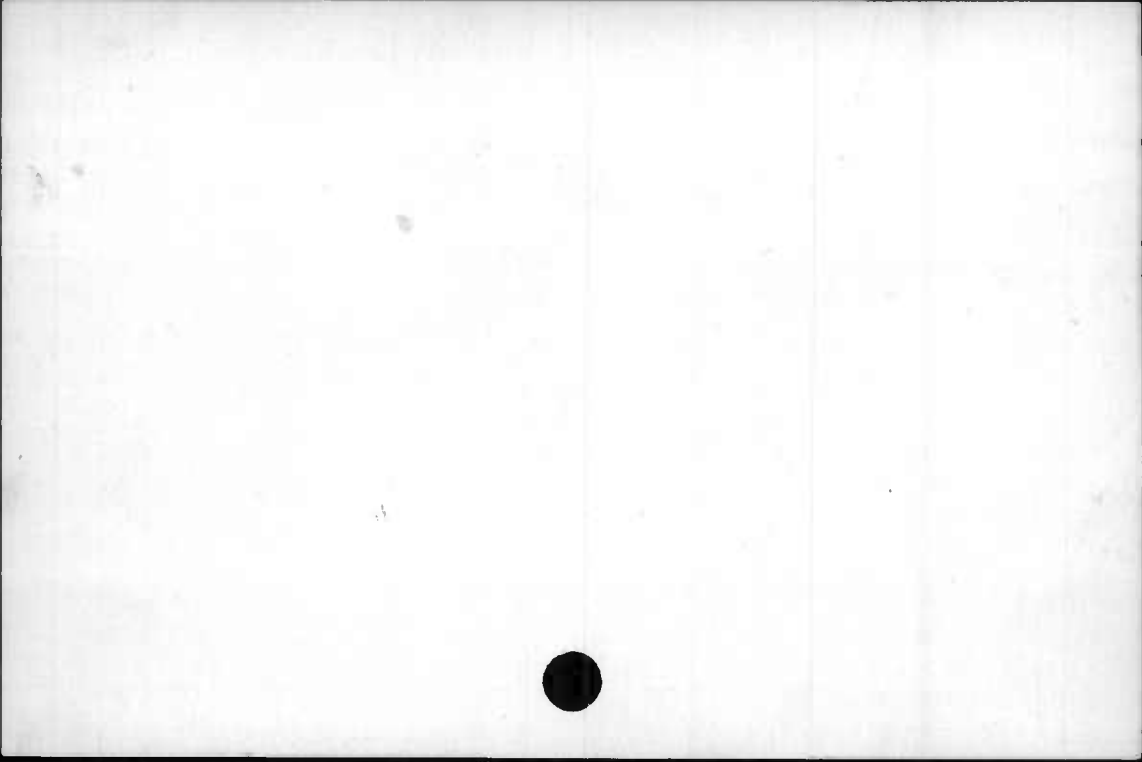
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright Disease</i>	How long <i>1 year?</i>
Immediate <i>Uremia</i>	How long <i>7 or 8 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>no</i>	



Name in Full		Howard Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1906	Month	Aug.	Day	14 th
		Age		13	Years	Months	Days	
		Sex		Male	Color or Race	Black	Birth-place	Somerset Co. Md.
		Occupation		School Boy	Where Residing if not at place of death			
PHYSICIAN OR CORONER		Married, Single or Widowed		Single				
		Name of Wife or Husband						
		Father's Name		Joseph Johnson		Father's Birthplace		Somerset Co. Md.
		Mother's Maiden Name		Leah J. Colbourn		Mother's Birthplace		" " "
		Name of person giving information		Wesley Colbourn		How related to deceased		Uncle
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary		Gastric peritonitis		How long		4 days
		Immediate		Septic exanthema		How long		7 or 8 hours
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. B. Davis
		Address		Salisbury Md.		Accident or Suicide?		No



Name
In
Full

CERTIFICATE OF DEATH

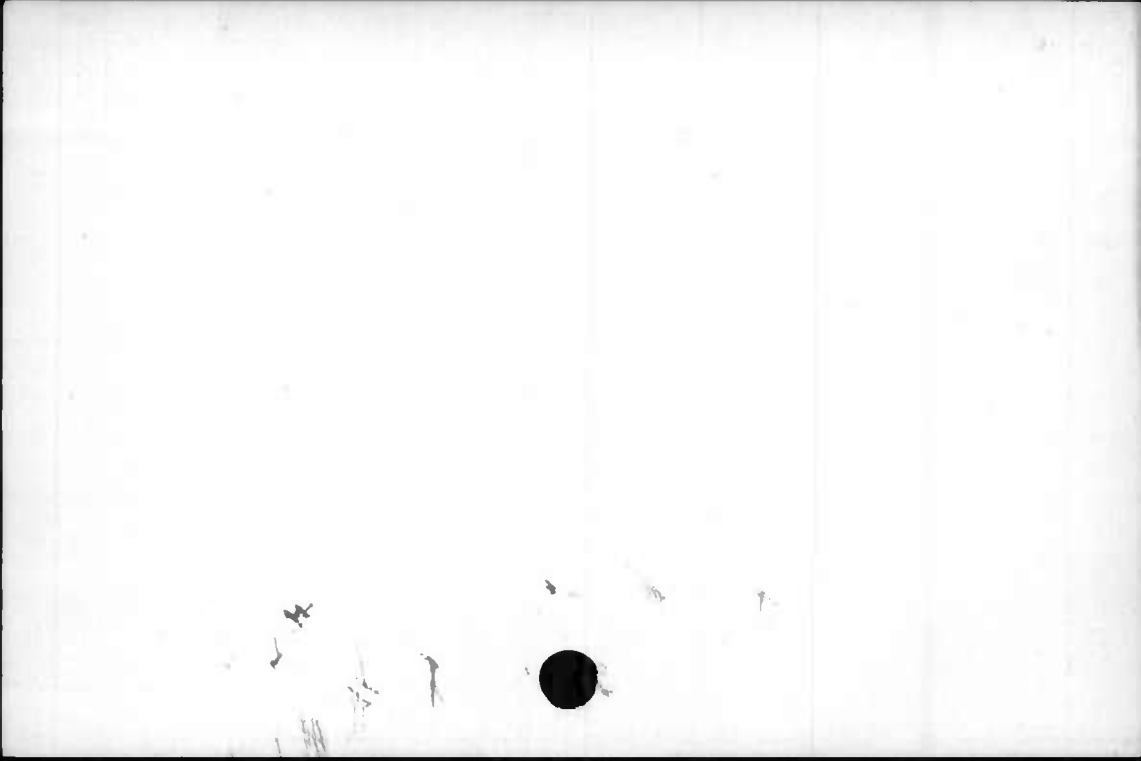
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND		
Date of death		1906	Month <i>Aug</i>	Day <i>13</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Salisbury</i>				
Occupation <i></i>		Where Residing if not at place of death <i></i>						
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>						
Father's Name <i>Stemons Johnson</i>		Father's Birthplace <i>Wicomico County</i>						
Mother's Maiden Name <i>Lulu Harry</i>		Mother's Birthplace <i></i>						
Name of person giving information <i>Stemons Johnson</i>		How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i></i>
Immediate <i>Dead at birth</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E R Truitt</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Edna H. Lockwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hebron		Town		Wicomico		County		MARYLAND	
Date of death		1904	8	27	Age	1	9	0	Months	Days	
Sex		Female		Color of Race		Black		Birth-place		md	
Occupation		—		Where Residing if not at place of death		11					
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		Ed. Lockwood		Father's Birthplace		Dorchester					
Mother's Maiden Name		Martha Asfield		Mother's Birthplace		Wicomico					
Name of person giving information		Martha Lockwood		How related to deceased		Mother					

CAUSES OF DEATH

Primary

Col infantum

How long

105

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J L English
Mardela spgs
Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER

Coroner



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rosa G. Messick</i>		Town <i>Beverly</i>		County <i>Maryland</i>		MARYLAND	
Died at <i>Beverly</i>		Month <i>August</i>		Day <i>10th</i>		Years <i>43</i>	
Date of death <i>1906</i>		Month <i>August</i>		Day <i>10th</i>		Years <i>43</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Maryland</i>			
Occupation <i>housekeeper</i>		Where Residing if not at place of death					
Married, Single or <u>Widowed</u>		Name of Wife or Husband <i>H. Warren Messick</i>					
Father's Name <i>Alexandra Harsenen</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Anne Covington</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>H. W. Messick</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Remittent</i>	How long <i>5 weeks</i>
Immediate <i>Scarlet Typhoid</i>	How long <i>1 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. H. Gandy</i>
	Address <i>White Haven</i>
Accident or Suicide? <i></i>	

Home Place	#1	27.00, 25.00
lot	#2	2.50, 1.00
lot	#3	2.00, 0.00
"	"	1.75, 0.00
"	4	65.00, 0.00
"	5	1.75, 0.00
"	6	90.00, 0.00
"	7	1.15, 0.00
"	9	30.50, 0.00
"	10	290.00, 0.00
"	11	365.00, 0.00
"	12	405.00, 0.00
"	13	1.00, 0.00
"	14	

400.35

447.00
445-

Name
in
Full

Mildred Howard Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shaplaown</u> ^{Town}		<u>Wilomiss</u> ^{County}		MARYLAND	
Date of death	1906	Month	Aug	Day	24
Age	5	Years		Months	9
				Days	15
Sex	Female	Color or Race	White	Birth-place	Delaware
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Wiley Owens	Father's Birthplace			
Mother's Maiden Name	Lena E Howard	Mother's Birthplace			
Name of person giving information	Wiley Owens	How related to deceased			
		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid	How long	9 days
Immediate	Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. M. Gassaway
		Address	Shaplaown Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nancy Parsons</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Month <i>Aug.</i>		Day <i>8</i>		Years <i>About 60</i>	
Date of death <i>1906</i>		Month <i>Aug.</i>		Day <i>8</i>		Years <i>About 60</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Maryland</i>			
Occupation <i>House Servant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elijah Parsons</i>					
Father's Name <i>Henry Byrd</i>		Father's Birthplace					
Mother's Maiden Name <i>Annie Nairn</i>		Mother's Birthplace <i>Worcester Co. Md.</i>					
Name of person giving information <i>Rachel Byrd</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

Primary <i>Acute Bacterial Pneumonia</i>	How long
Immediate <i>Toxaemia & heart failure</i>	How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis W. Brown</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

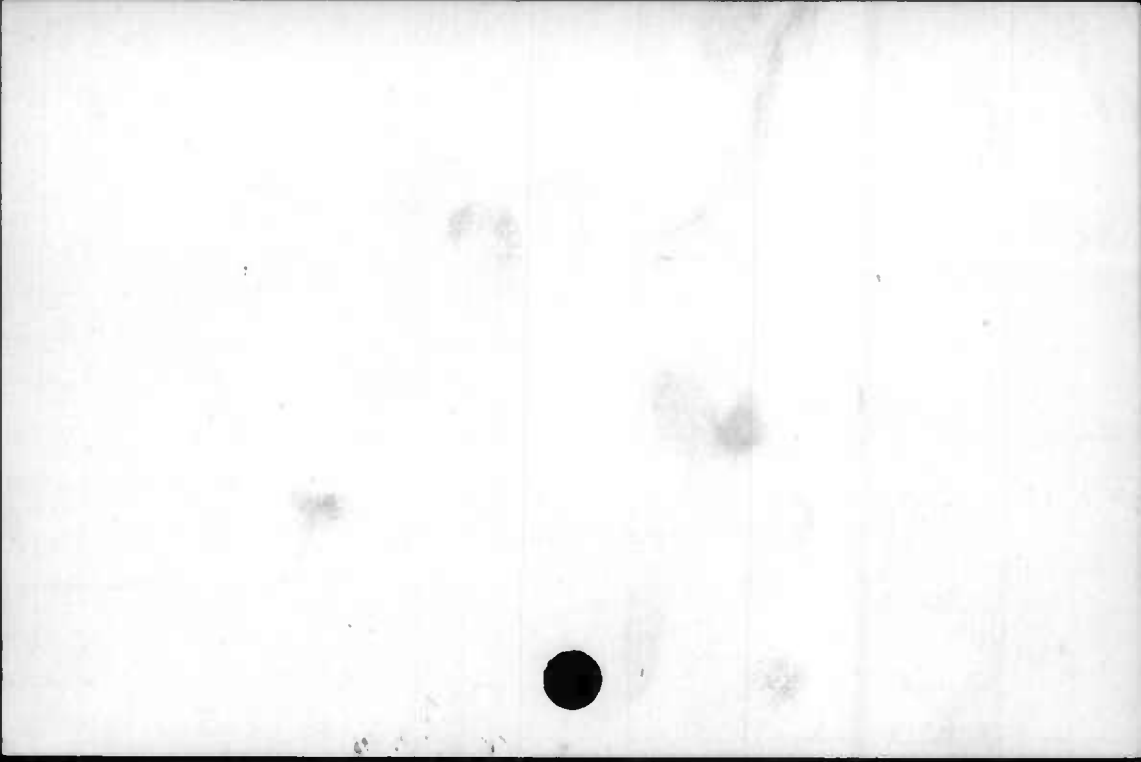
TO BE ANSWERED BY
NEAREST FRIEND

Name Alice M. G. Phillips		Town Salisbury		County Wicomico		MARYLAND	
Died at		Month Aug.		Day 30th		Years 42	
Date of death 1906		Months 7		Days 17			
Sex Female		Color or Race White		Birth- place Wicomico Co. Md.			
Occupation ~~~~~				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband ~~~~~					
Father's Name James A. Phillips		Father's Birthplace " " "					
Mother's Maiden Name Emma V. Parsons		Mother's Birthplace " " "					
Name of person giving In formation Annie E. Phillips		How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic interstitial nephritis	How long About 18 months
Immediate Uræmia	How long Few hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. A. R. R.
Address Salisbury, Md.	
Accident or Suicide? No	



Name
in
Full

Elizabeth Pinkett

CERTIFICATE OF DEATH

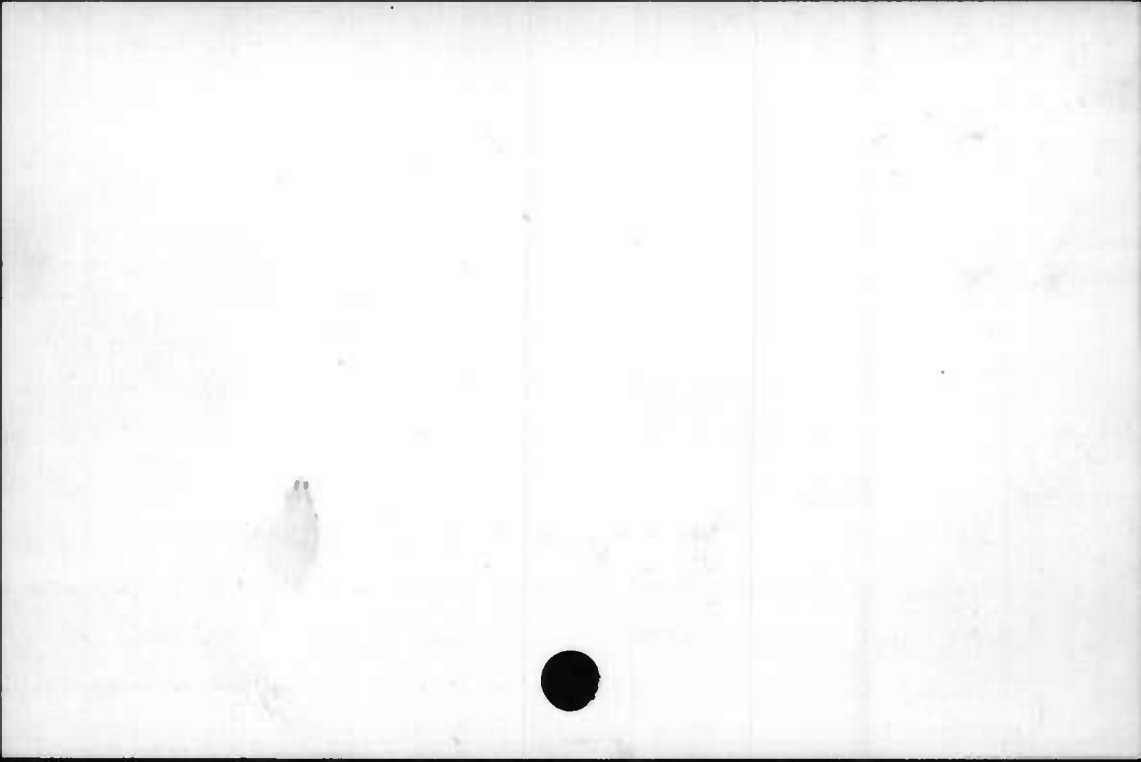
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Year		Month		Day		Age	
1906		Aug		30		73	
Sex		Color or Race		Birth-place			
Female		Black		Ind			
Occupation		Where Residing if not at place of death					
Housework							
Married, Single or Widowed		Name of Wife or Husband					
Single		William Pinkett					
Father's Name		Father's Birthplace					
Don't know		Don't know					
Mother's Maiden Name		Mother's Birthplace					
Don't know		Don't know					
Name of person giving information		How related to deceased					
Geo Ballard		Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Valvular Disease of heart		Don't know	
Immediate		How long	
Cardiac insufficiency, failure, Coronary			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Louis W. Dunn's M.D.	
		Pulmonary Ind.	
Accident or Suicide?			



Name
in
Full

Ella Louvinia Pope

CERTIFICATE OF DEATH

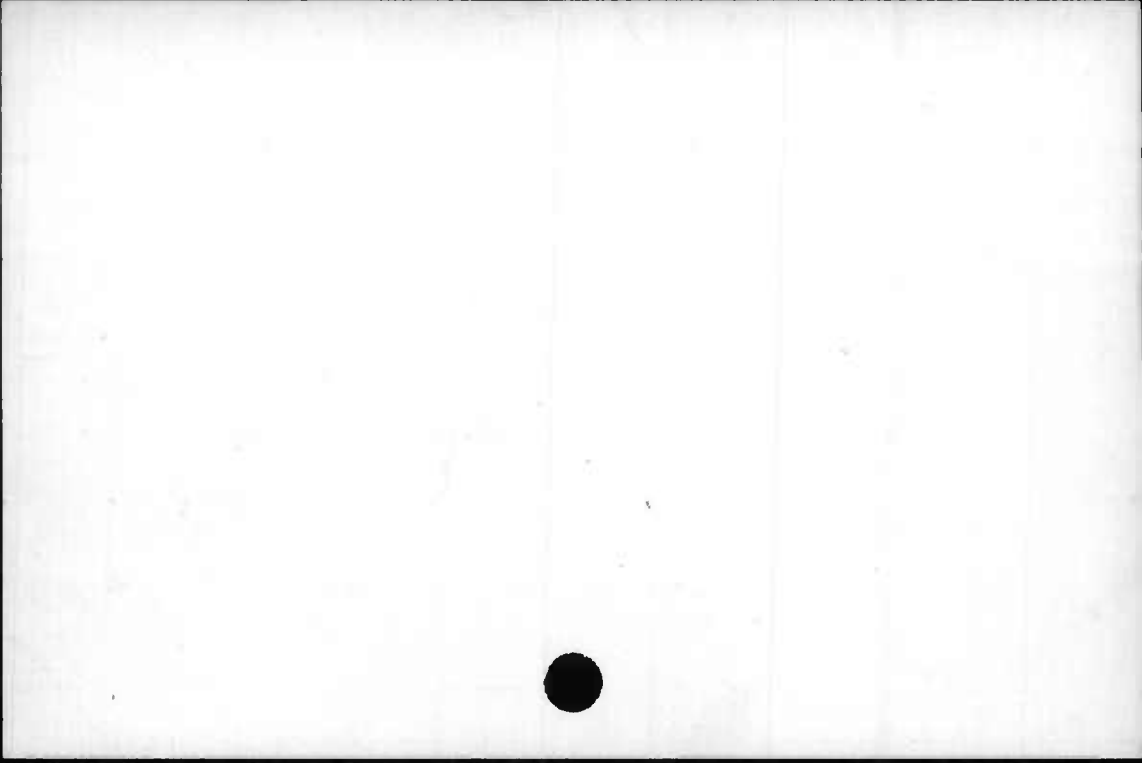
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		STATE <i>MARYLAND</i>	
Date of death <i>1906 Aug 8</i>		Month <i>Aug</i>		Day <i>8</i>		Age <i>39</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Princess Anne Co Virginia</i>		Months <i>8</i> Days <i>17</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at Home Salisbury Md</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Milton H Pope</i>					
Father's Name <i>John W James</i>		Father's Birthplace <i>Princess Anne Co Virginia</i>					
Mother's Maiden Name <i>Amelia James (decd)</i>		Mother's Birthplace <i>Princess Anne Co Virginia</i>					
Name of person giving information <i>Milton H Pope</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Anaemia & Albuminuria</i>		How long <i>6 mos</i>	
Immediate <i>Heart Failure</i>		How long <i>several days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. H. Clement, Md</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

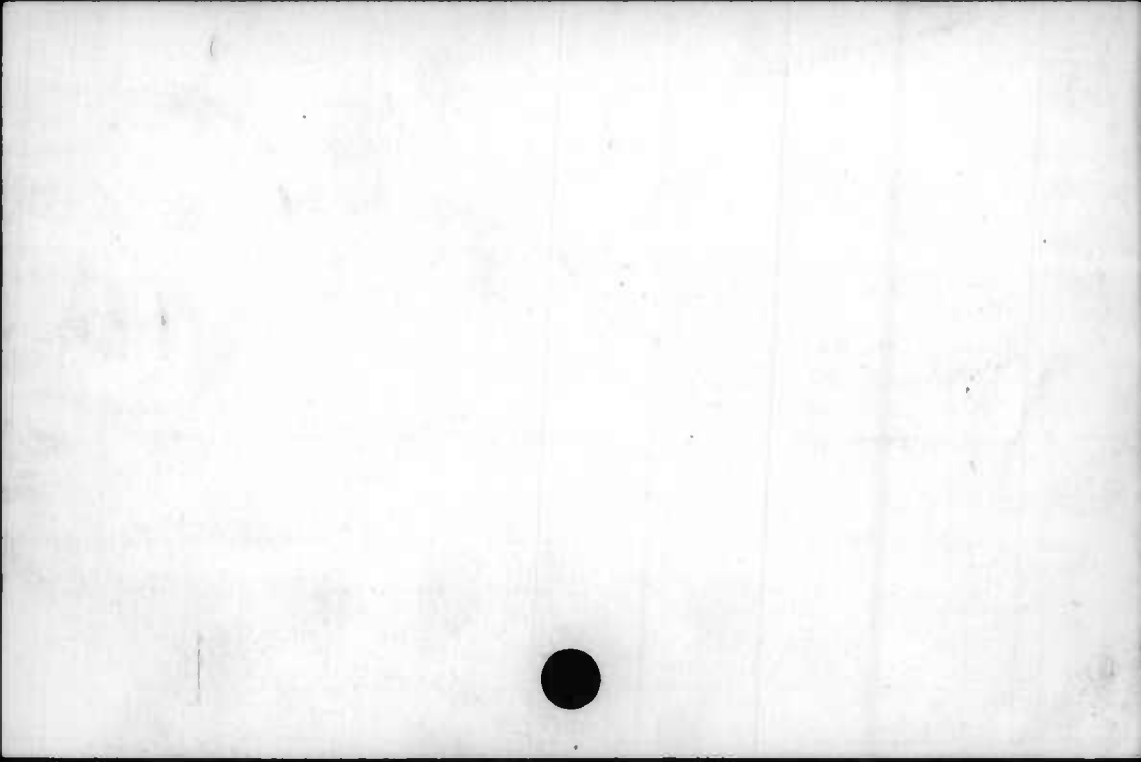
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>28</i>	Age <i>64</i>	Years <i>64</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed	Name of Widow Husband <i>George Posus</i>				
Father's Name <i>William Taylor</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i></i>				
Name of person giving information <i>Gordon H Taylor</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of bowels</i>	How long <i>about 1 year</i>
Immediate <i>Exhaustion</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Todd</i>
	Address <i>Salisbury MD</i>
Accident or Suicide? <i></i>	



Name
in
Full

Waller Reddish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Charity</i> ^{County} <i>Wicomico</i>		MARYLAND					
Date of death	190 <i>6</i>	Month <i>8</i>	Day <i>22</i>	Age <i>0</i>	Years <i>0</i>	Months <i>11</i>	Days <i>0</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>near Charity Md</i>
Occupation	<i>—</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Ernest Redish</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Willie Phrippin</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>George W. Nichols</i>					How related to deceased	<i>none</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>8 days</i>
Immediate	<i>Convulsions</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>James Brayshaw</i>
	<i>Delmar</i>	Address	<i>Delaware</i>
Accident or Suicide?			



Name
In
Full

Minnie Howard Seay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Salisbury ^{Town} ^{County} Newcombs

MARYLAND

Date of death 1906 Aug 19 Age 30 Months — Days —

Sex Female Color or Race White Birth-place Girdle tree

Occupation — Where Residing if not at place of death Girdle tree Worcester Co. Md.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Daniel E. Seay

Father's Birthplace New Jersey

Mother's Maiden Name Ellen Seay

Mother's Birthplace Md

Name of person giving information S. S. Seay

How related to deceased Bro

CAUSES OF DEATH

Primary Intestinal obstruction from bands

How long Some months forming

Immediate General peritonitis

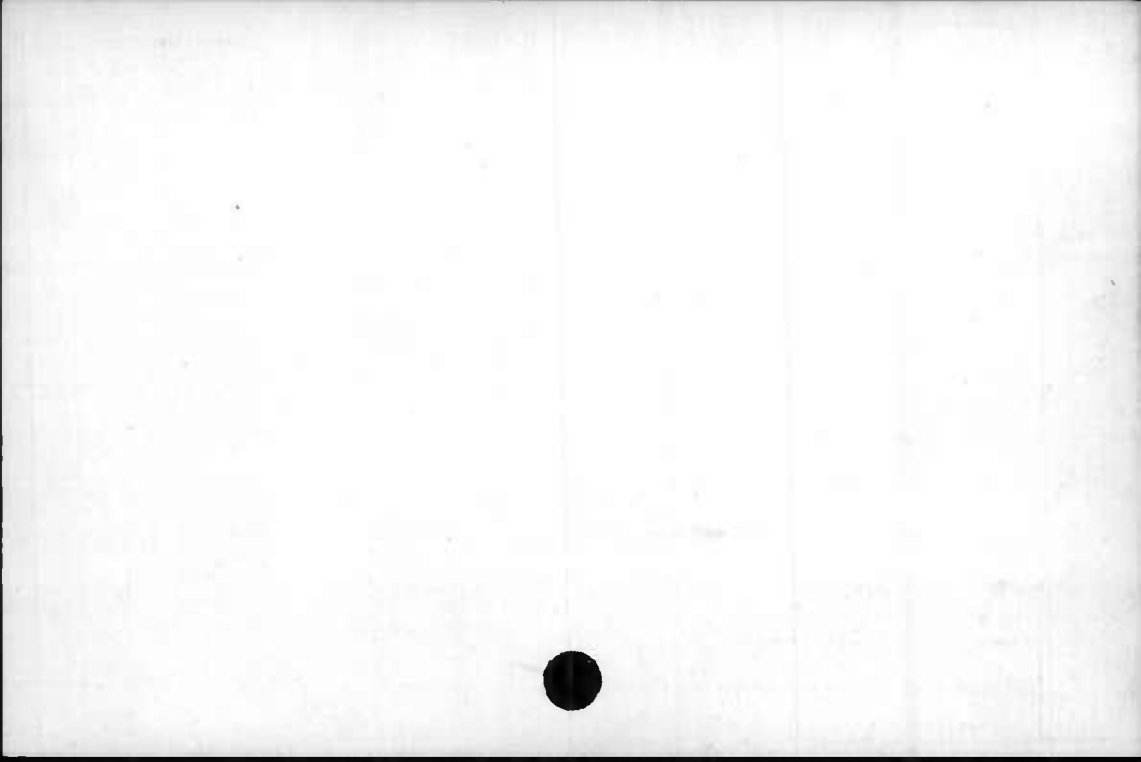
How long 1 1/2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address Salisbury, Md

Accident or Suicide? No



Name
in
Full

Elsie Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County MARYLAND

Date of death 1906 Aug Month 15 Day 1 Years 10 Months 27 Days

Sex Female Color or Race White Birth-place Salisbury Md

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's Name Elijah P ShockleyFather's Birthplace MdMother's Maiden Name Lula LewisMother's Birthplace MdName of person giving
in formation Elijah P ShockleyHow related
to deceased Brother

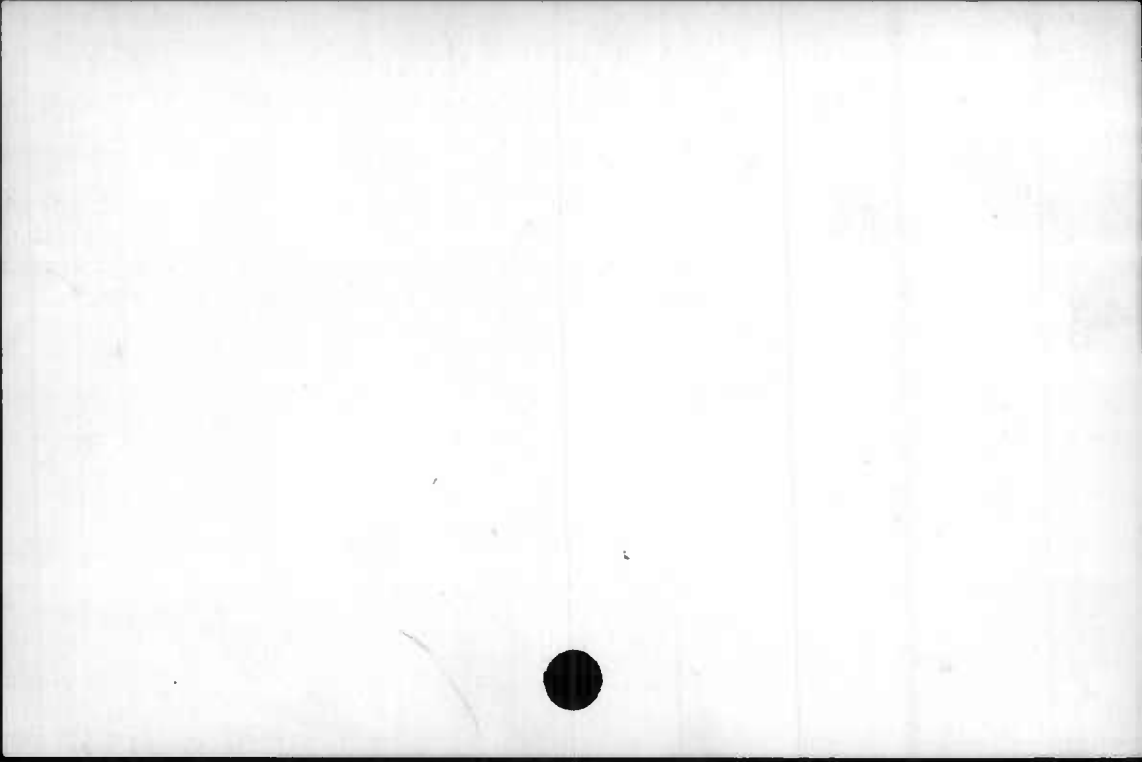
CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Gastro-intestinal infectionHow long 3 1/2 MonthsImmediate General exanthematous eruptionAre the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianLouis Williams M.D.

Address

Salisbury Md.

Accident or Suicide?



Name
in
Full

George Franklin Sirman

CERTIFICATE OF DEATH

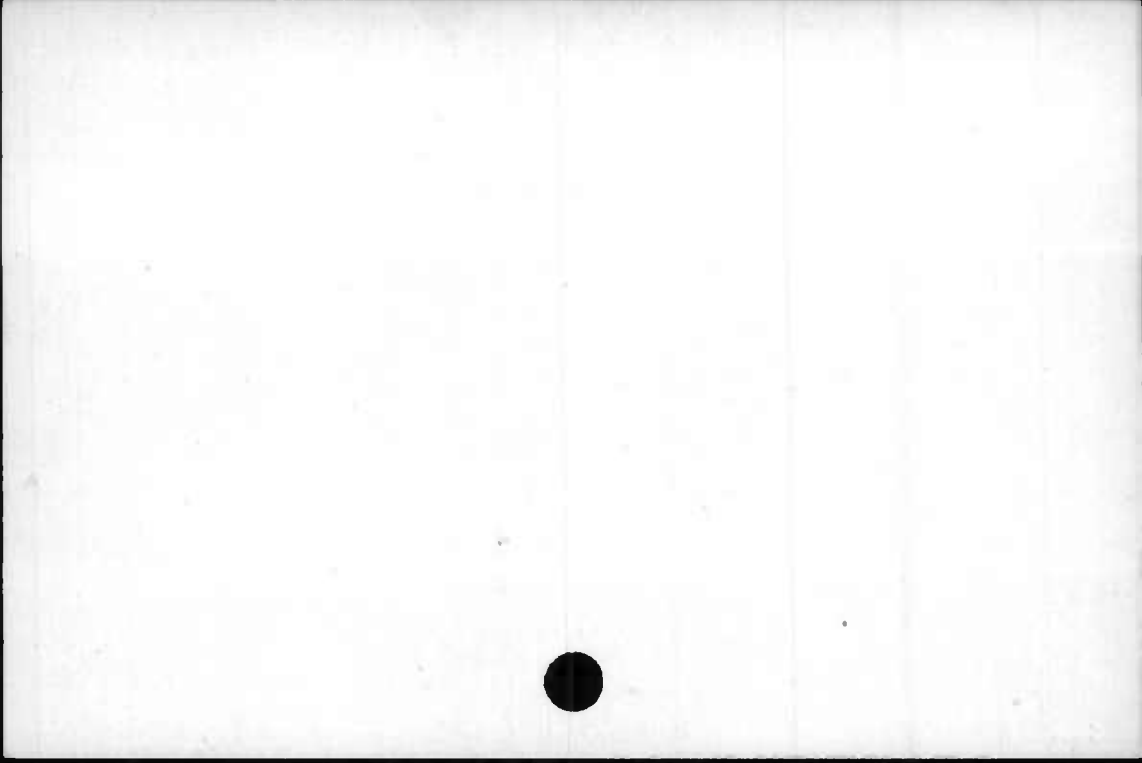
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Salisbury		Town		Wicomico		County		MARYLAND	
Date of death		1906		Aug		25 th		Age		6 Months 1 Days	
Sex		Male		Color or Race		White		Birth-place		Salisbury Md.	
Occupation						Where Residing if not at place of death					
Married, Single or Widowed						Name of Wife or Husband					
Single											
Father's Name						George Sirman					
Mother's Maiden Name						Florence Koelper					
Name of person giving information						George Sirman					
Father's Birthplace						Salisbury Md.					
Mother's Birthplace						Baltimore Md.					
How related to deceased						Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Marasmus		How long		3 months	
Immediate		Exhaustion		How long		7 or 8 days	
Are the name, age, sex, color, date and place correctly given above?				Yes			
Accident or Suicide?				No			
Signature of Physician				M. L. Sirman			
Address				Salisbury Md.			



Name in Full		Sampson B. Smith				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Wicomico			
	Date of death	190	Month	Day	Age	Months	Days
		6	Aug	5	78	2	19
	Sex	Male		Color or Race	White		Birth-place
						Ind	
	Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
		Robert Smith				Don't know	
Father's Name		Robert Smith				Father's Birthplace	
		Don't know				Ind	
Mother's Maiden Name		Don't know				Mother's Birthplace	
		Don't know				Don't know	
Name of person giving information		John Smith				How related to deceased	
		John Smith				Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bright's disease				How long	120
		Heart				How long	Don't know
	Immediate	Heart				Don't know	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
				Gen. H. Ford Salisbury Md			
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Perilla Spence

Town

County

Died at

Near Parsonsburg

Wicomico

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906

Aug

18

Age

41

-

-

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

Housework

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Geo Spence

Father's
Name

Don't know

Father's
Birthplace

-

Mother's
Maiden Name

Georganna Janson

Mother's
Birthplace

Md

Name of person giving
Information

Chas A Trader

How related
to deceasedson
in law

CAUSES OF DEATH

412

Primary

Cancer of the womb

How long

B

months

Immediate

Erythraemia

How long

24

hours

Are the name, age, sex, color, date
and place correctly given above?

yes

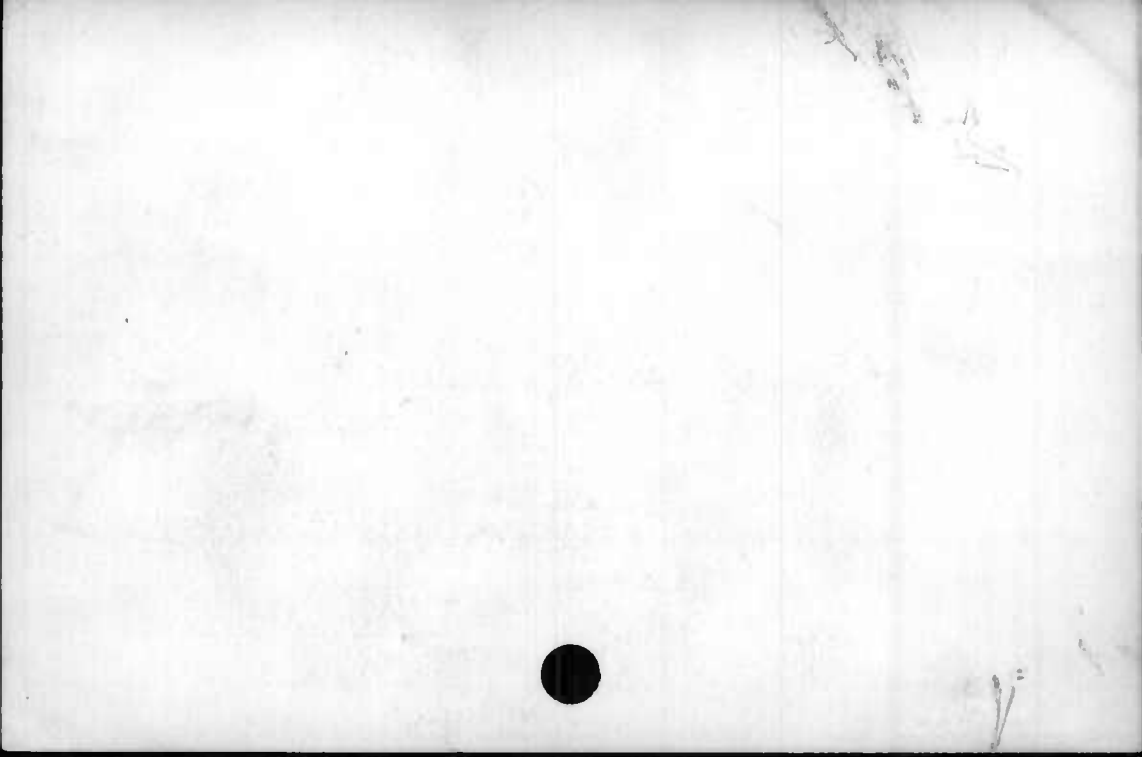
Signature of
PhysicianGeo W. Smith M.D.
Parsonsburg Md

Address

Wicomico Co.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

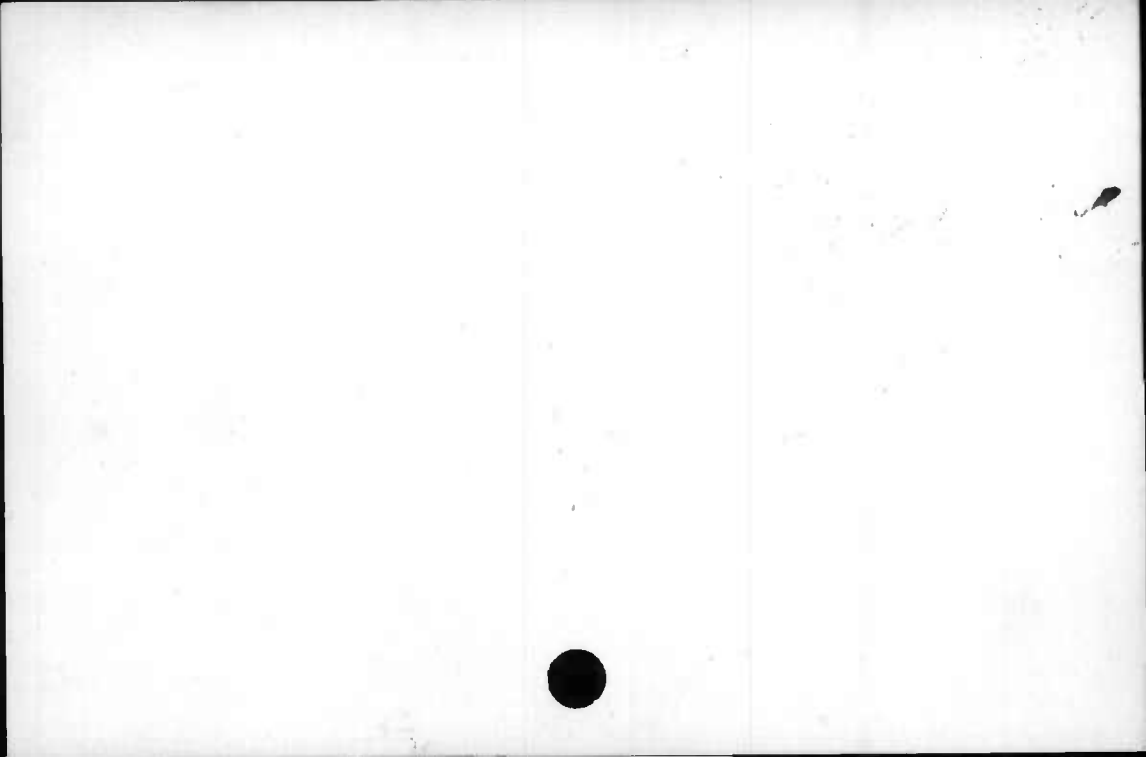
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frontland</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Aug</i> ^{Month}	<i>2</i> ^{Day} <i>and</i>	<i>6</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Wicomico Co. Md.</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Ebenezer Stanford</i>	Father's Birthplace <i>Wicomico Co. Md.</i>				
Mother's Maiden Name <i>Elenora Brewington</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>James Burris</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	<i>106</i>	How long <i>2 days</i>
Immediate <i>Convulsions</i>		How long <i>7 or 8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>no</i>		



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Near Allen* ^{Town}*Wicomico* ^{County}Date of death *1906 Aug* ^{Month}*19* ^{Day}Age *48* ^{Years}

Months

Days

Sex *Female*Color or Race *Black*Birth-place *Md*Occupation *Housework*Where Residing if not
at place of death~~Married~~ Single
or ~~Widowed~~Name of Wife or
HusbandFather's Name *Don't know*Father's
BirthplaceMother's Maiden Name *Phister Williams*Mother's Birthplace *Md*Name of person giving
In formation *William H Taylor*How related
to deceased *Brother*

CAUSES OF DEATH

Primary

How long

Immediate *Heart Failure*How long *2 1/2 hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

C R Smith
Salisbury Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Thomas W. Taylor Jr.
 Town Salisbury County Wicomico

MARYLAND

Died at

Date

of death 1906

Month

Aug.

Day

16th

Age

Years

21

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Accomac Co. Va.

Occupation

Clerk

Where Residing if not
at place of death

Onancock Va.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Thos. W. Taylor

Father's
Birthplace

Va.

Mother's
Maiden Name

Susan F. Lankford

Mother's
Birthplace

Somerset Co. Md.

Name of person giving
In formation

E. E. Miles

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Gangrenous appendicitis

How long

4 days

Immediate

Peritonitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

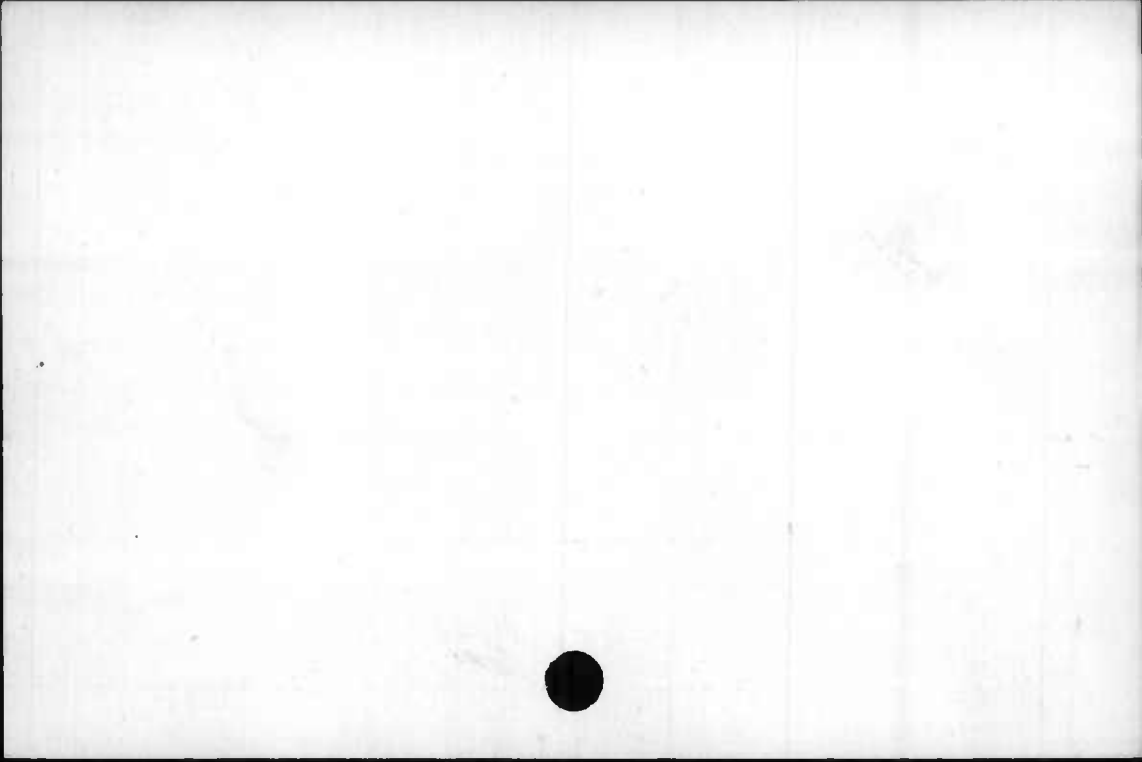
Address

W. W. Smith
 Salisbury, Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

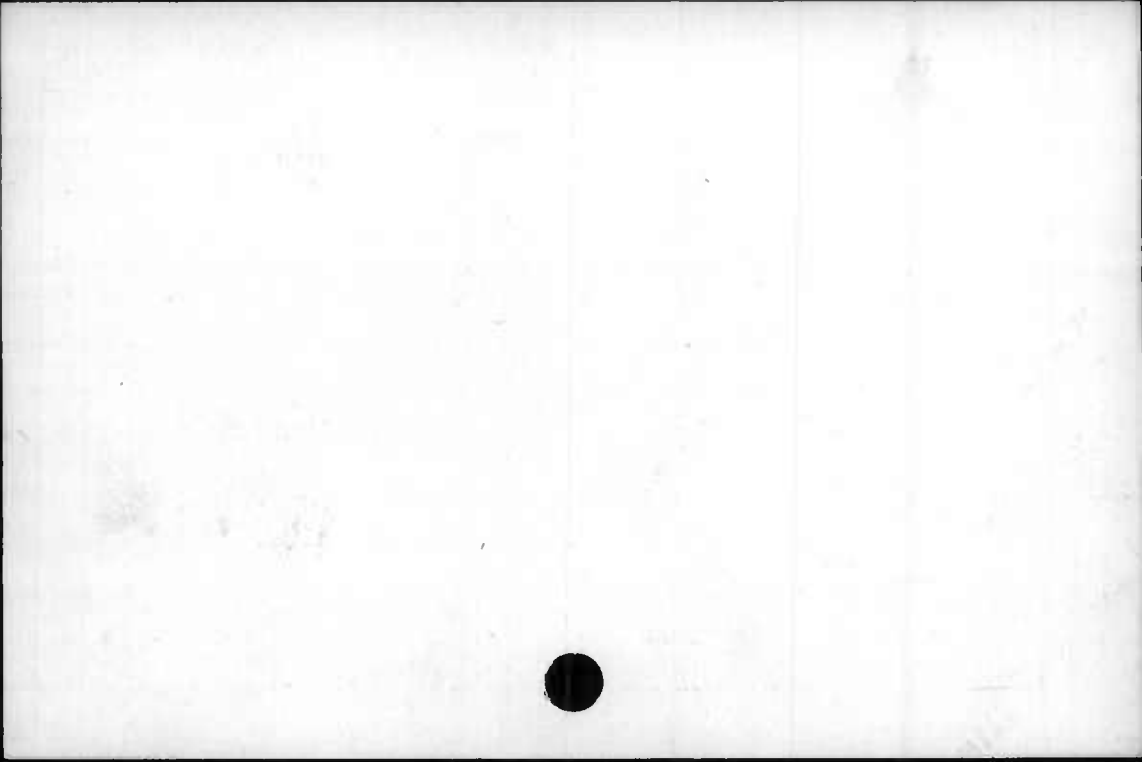
TO BE ANSWERED BY
NEAREST FRIEND

Margaret E. Roadine		Town		County		MARYLAND	
Died at		Near Calisbury		Wicomico			
Date of death		1906	Aug	25	Age	41	5 Months 27 Days
Sex		Female		Color or Race		White	
Occupation		Housework		Where Residing if not at place of death		Ind	
Married, Single or Widowed		Name of Wife or Husband Alfred P. Roadine					
Father's Name		Anthony Brown				Father's Birthplace Ind	
Mother's Maiden Name		Mary E. Malone				Mother's Birthplace Ind	
Name of person giving information		Alfred P. Roadine				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	2 years
Immediate	Uremic convulsions	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
No		Calisbury, Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Townsend</u> County		MARYLAND	
Date of death	1906	Month	Aug	Day	19
Sex	male	Color or Race	white	Years	2
Occupation	Laborer		Birth-place	Wicomico Co	
Married, Single or Widowed	Single		Age	6	
Father's Name	Elmer E. Townsend		Where Residing if not at place of death		
Mother's Maiden Name	Jennie Mills		Months	2	
Name of person giving information	Louis Smythe		Days	6	
			Birth-place	Wicomico Co	
			Where Residing if not at place of death		
			Married, Single or Widowed		
			Father's Name		
			Mother's Maiden Name		
			Name of person giving information		
			How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address

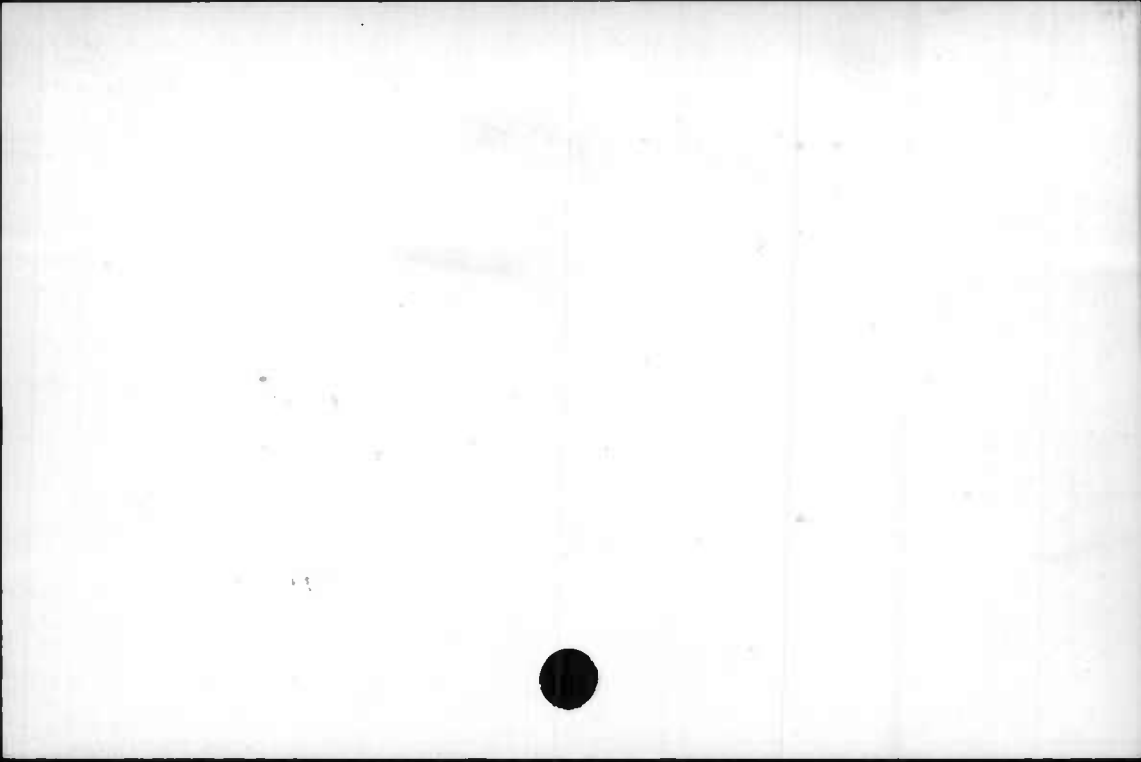
151

7 months child

yes

CR Smith

Salisbury, Md



Name
in
Full

CERTIFICATE OF DEATH

Marion Crosby Turner Jr.

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

of death 1904

Month

Aug.

Day

20th

Age

Years

Months

8

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Salisbury Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Marion C. Turner

Father's
Birthplace

Wicomico Co. Md.

Mother's
Maiden Name

Lillian Lerman

Mother's
Birthplace

Salisbury Md.

Name of person giving
In formation

Marion C. Turner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bacillus Intestinal Infection

How long

Several Months

Immediate

Inanition

How long

one or two weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

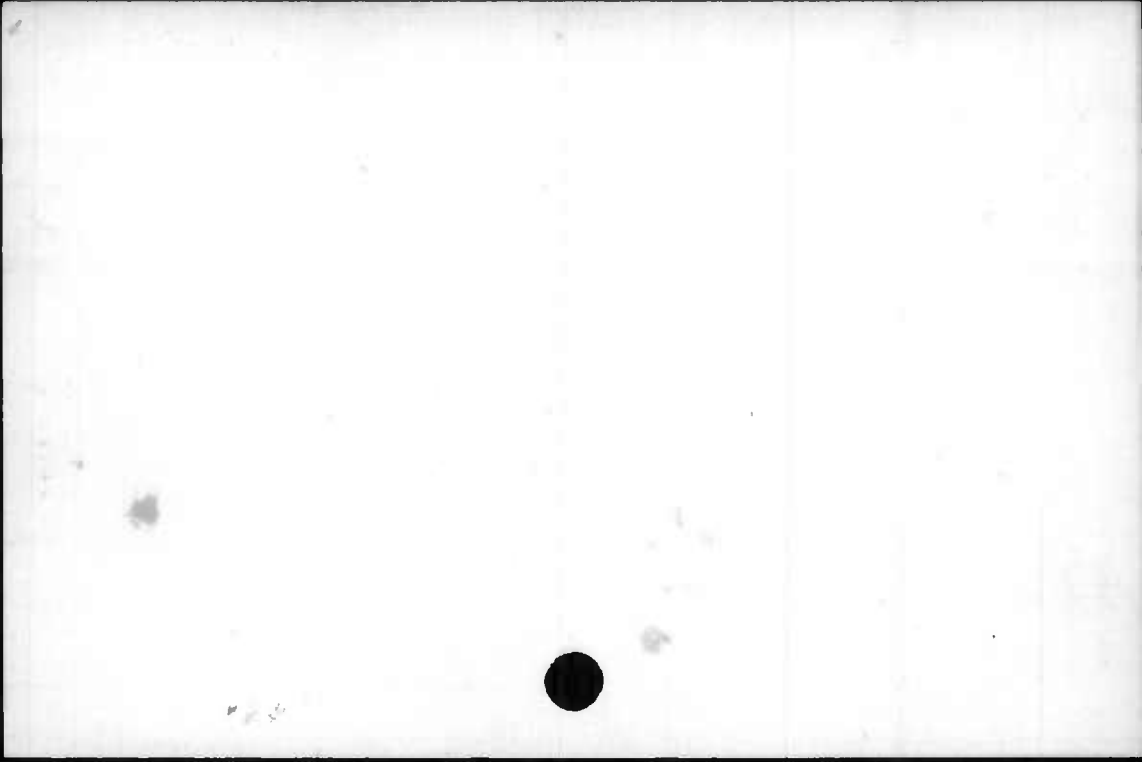
F. M. Glemons M.D.

Address

Salisbury
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Philander B Truford

CERTIFICATE OF DEATH

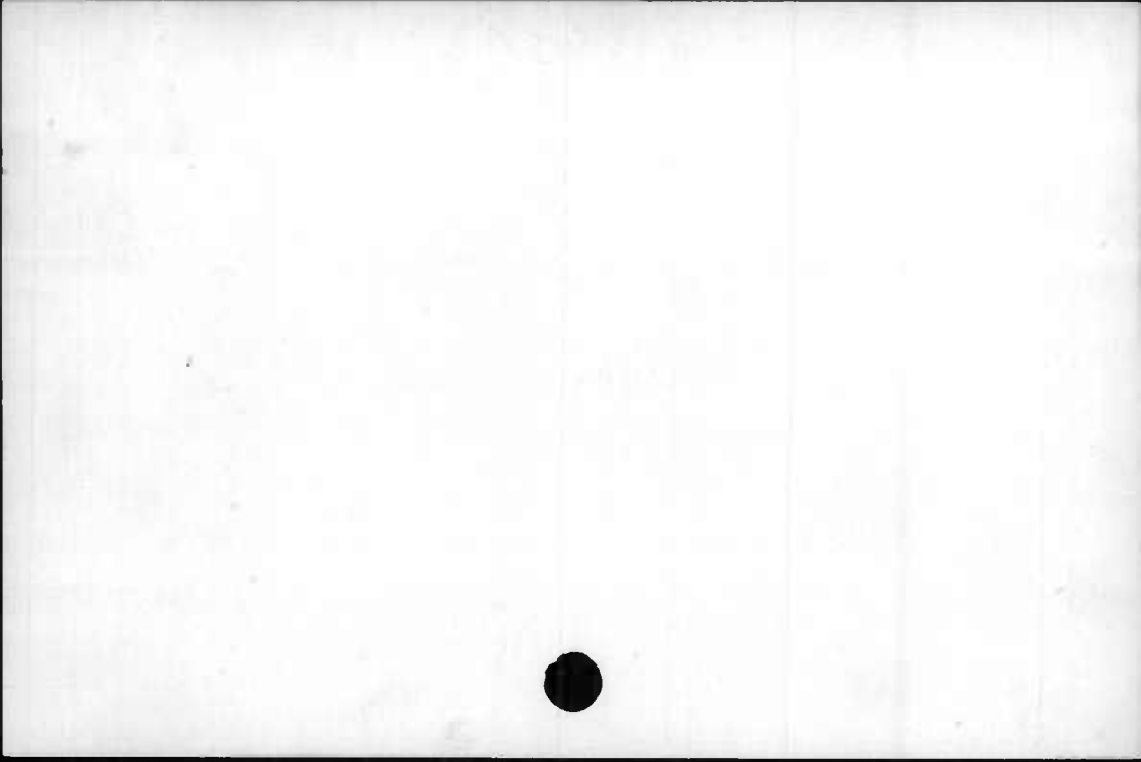
TO BE ANSWERED BY
NEAREST FRIENDDied at Salisbury Town Wicomico County

MARYLAND

Date of death 1906 Aug 11 Day 25 Years 1 Months 24 DaysSex male Color or Race White Birth-place vaOccupation Farmer Where Residing if not at place of death Drumcock vaMarried, Single or Widowed Name of Wife or Lizzie TrufordFather's Name Barnell O Truford (118) Father's Birthplace vaMother's Maiden Name Missouri R Hickman Mother's Birthplace vaName of person giving information Barnell O Truford How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Acute suppurative appendicitis (118) How long 2 weeksImmediate General peritonitis How long 3 daysAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician McWickAddress Salisbury, MdAccident or Suicide? no



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> ^{Town}		<u>Wicomico</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Aug.</u>	Day <u>15th</u>	Years <u>8</u>	Months <u>3</u> Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Salisbury Md.</u>			
Occupation <u>School Boy</u>	Where Residing if not at place of death <u>_____</u>				
Married Single <u>Single</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>R. Lee Waller</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Edith R. Waller</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>R. Lee Waller</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

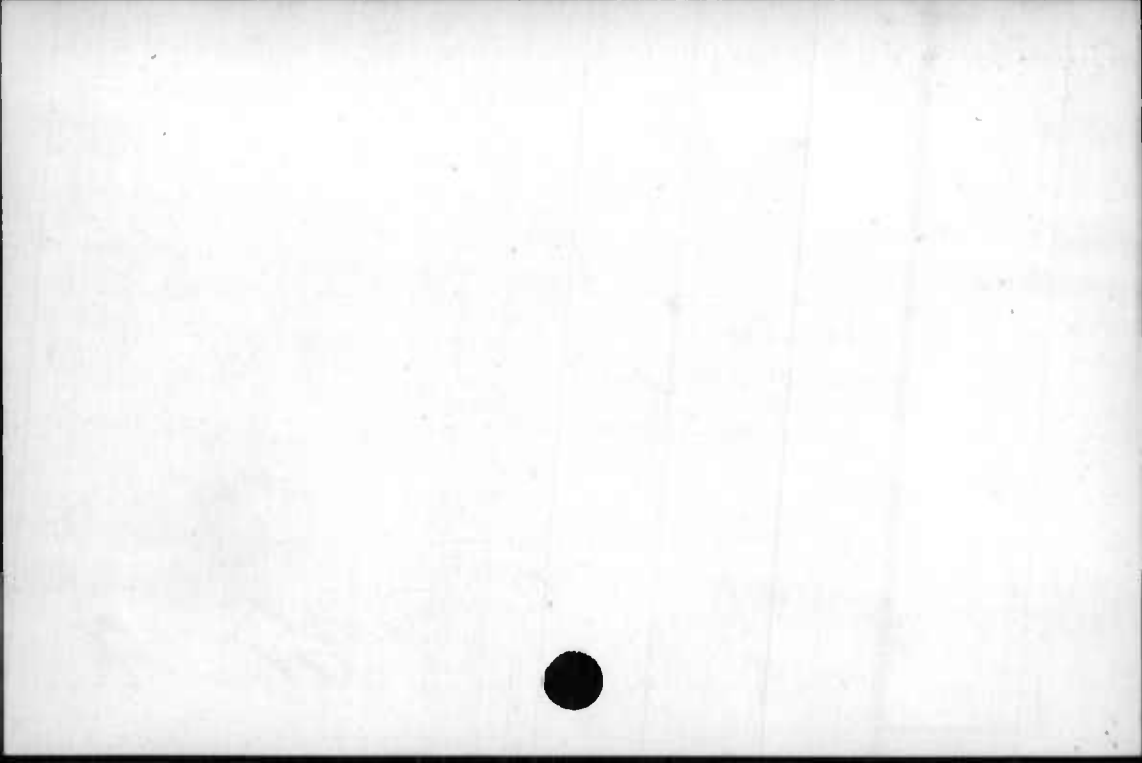
PHYSICIAN
OR CORONER

Primary	<u>Burns by Coal Oil</u>	How long	<u>161</u>
Immediate	<u>Shocks</u>	How long	<u>2 or 3 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Geo. W. Foll</u>
		Address	<u>Salisbury Md</u>
Accident or Suicide?			

1 < 2 1 1



Name in Full		Howard Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Town		Wicomico	
	Date of death	1906	Aug	4	Day	6	Years
	Sex	male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Bridgford Md	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Elliott Ward		Father's Birthplace		Md	
	Mother's Maiden Name	Susie Nelson		Mother's Birthplace		Md	
	Name of person giving information	Elliott Ward		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Run over by carriage				How long	1/2 min
	Immediate	Hemorrhage from ruptured liver				How long	12 hours (?)
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. J. [Signature]
					Address		Salisbury, Md
	Accident or Suicide?		Accident				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Annie Washbourne</i>		Town <i>Fruitland</i>		County <i>H.C.</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906</i>		<i>36</i>		<i>8</i>	
Month <i>28</i>		Day <i>12</i>		Years <i>36</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single <i>Widowed</i>		Name of Wife Husband <i>Geo. W. Washbourne</i>					
Father's Name <i>Mills</i>		Father's Birthplace <i>"</i>					
Mother's Maiden Name <i>Mary Mills</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs Annie Lucas</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

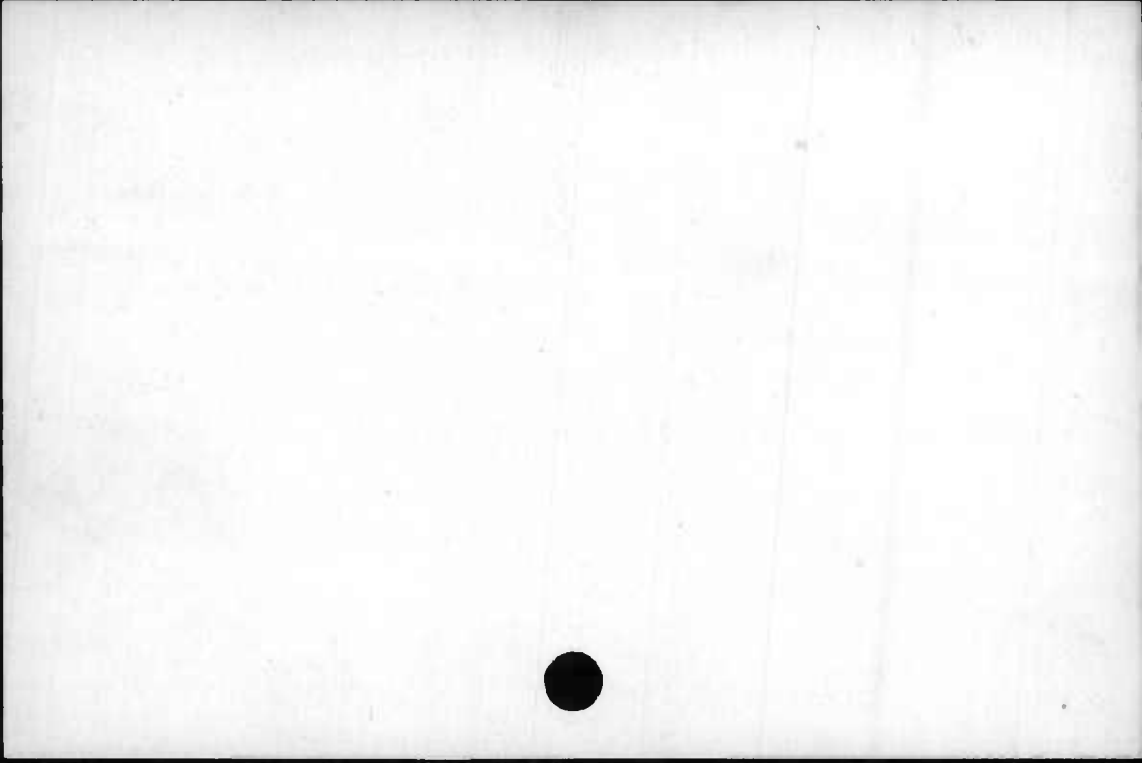
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

~~Accident or Suicide?~~



Name
in
Full

Mary E. Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>Aug</u> <small>Month</small>	<u>6</u> <small>Day</small>	<u>29</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Somerset Co. Md.</u>			
Occupation <u>House-keeper</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Isaac Waters</u>				
Father's Name <u>Thomas Elzey</u>	Fether's Birthplace <u>Somerset Co. Md.</u>				
Mother's Maiden Name <u>Mary J. Cornish</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Isaac Waters</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bilious dysentery</u> <u>(14)</u>	How long	<u>1 week</u>
Immediate	<u>Attack & weakness</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Gardner Spring</u>	
		Address <u>Salisbury</u>	
Accident or Suicide? <u>No.</u>		<u>Ans</u>	



Name

In
Full

Geo H West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Salisbury TownCounty WicomicoDate of death 1906 aug MonthDay 16Age 12 YearsMonths 6Days 5Sex MaleColor or Race BlackBirth-place IndOccupation —Where Residing if not at place of death —Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Not known (1)Father's Birthplace Ind

Mother's Maiden Name

Mamie PowellMother's Birthplace Ind

Name of person giving information

Charles H West

How related to deceased

Grandfather

CAUSES OF DEATH

Primary

Typhoid fever (1)

How long

4 weeks

Immediate

Renovating ventilation

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. J. M. [unclear]
Salisbury

Accident or Suicide?

NoPHYSICIAN
OR CORONER

12 2 1863-1864 2 21

Name
in
Full

Ella White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Parsonsburg		County Hickman		MARYLAND	
Date of death 1906	Month aug	Day 14	Age	Years	Months	Days	
Sex Female	Color or Race White		Birth- place Pittsville				
Married, Single or Widowed Married			Occupation Housekeeping				
Name of Wife or Husband James White							
Fether's Name Wesley Parsons				Fether's Birthplace Pittsville			
Mother's Maiden Name Sally O. Middleton				Mother's Birthplace Haleyville			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long 4 weeks
Immediate	Exhaustion	How long 24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. Geo. W. Hunt
		Address Parsonsburg
Accident or Suicide?		

